

Name _____

CERTIFICATION CHECKLIST FOR EMT **RECIPROCITY**

_____ Challenge Application

_____ Initial Certification Application

_____ \$35.00 Fee (Money order or certified check only)

_____ Statewide Criminal Background check from all states of residency in the past 5 years.

Must submit copies of:

_____ CPR Card

_____ CHS approved HIV/AIDS Class Certificate

_____ HS Diploma or GED

_____ National Registry Card

_____ Valid Driver's License

_____ EMT Card from certifying state (s)

This will be obtained from the Kentucky Board of Emergency Medical Services Office:

_____ Verification from out of state EMS office(s).